

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 15 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20808**
Registrar's No. **2425**

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **K. C. General Hospital No. 1**
(d) Length of stay: In hospital or institution **3 days**
In this community **14 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **710 East 8th St.**
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **PAUL MAISANO**
(b) If veteran, name war **No record** (c) Social Security No. **493-12-8573**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** do **19th**
year **1940** hour **3** minute **30 P.** M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of decedent **July 25th 1893**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 16th, 1940** to **May 19th, 1940**
that I last saw him alive on **May 19th, 1940** and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
46 9 24 hr. min.

Immediate cause of death **Myocardial decompensation**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____

9. Birthplace **Calasibella Italy**
10. Usual occupation **Laborer**

MOTHER FATHER
11. Industry or business _____
12. Name **Tony Maisano**
13. Birthplace **Reggio Calabria Italy**
14. Maiden name **Rosa Unknown**
15. Birthplace **Calasibella Italy**

PHYSICIAN
Underline the cause to which death should be charged statistically
T. A. PAWLAK

16. (a) Informant's own signature **Record clerk**
(b) Address **K. C. General Hospital, K. C., Mo.**
17. (a) **Burial** (b) Date thereof **June 13-40**
(c) Place: burial or cremation **Calvary, City**
18. (a) Signature of funeral director **Wm. D. Thompson**
(b) Address **R. C. Hill Street**
19. (a) **June 13, 1940** (b) **M. M. Cronin**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (a) Means of injury _____
23. Signature **Dr. De Morsia** (M. D. or other) _____
Address **Supt. K. C. Gen. Hospital, K. C., Mo.** Date signed _____

affidavit no 284 in misc file

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Wm A. Lohmeyer*
Licensed Embalmer No..... *3089*
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.